

State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/25/2015

Business ID: 388275

William M. Gardner

Secretary of State

SES GOVERNMENT SOLUTIONS, INC.

2

2010 CORPORATE RIDGE, SUITE 550 MCLEAN, VA 22102

ENTITY TYPE:	CORPORATION
BUSINESS ID:	388275
STATE OF DOMICILE:	DELAWARE
Satellite Communications	

ADDRESS OF PRINCIPAL OFFICE: 2010 CORPORATE RIDGE, SUITE 550

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

MCLEAN, VA 22102

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address 11790 Sunrise Valley Drive, Suite 300, Reston, VA 20191

The new principal office address 11790 Sunrise Valley Drive, Suite 300, Reston, VA 20191

PO Box is acceptable.

OFFICERS BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). Α B (MUST LIST AT LEAST ONE OFFICER BELOW) (MUST LIST AT LEAST ONE DIRECTOR BELOW) PRES. Robert Osterthaler DIR. Robert Osterthaler STREET 11790 Sunrise Valley Drive, Suite 300 STREET 11790 Sunrise Valley Drive, Suite 300 CITY/STATE/ZIP Reston VA 20191 CITY/STATE/ZIP Reston VA 20191 TREAS. John A. Strand DIR. John A. Strand STREET 11790 Sunrise Valley Drive, Suite 300 STREET 11790 Sunrise Valley Drive, Suite 300 CITY/STATE/ZIP Reston VA 20191 CITY/STATE/ZIP Reston VA 20191 SEC'Y. **Thomas Williams** DIR Billy Bingham STREET 11790 Sunrise Valley Drive, Suite 300 STREET 11790 Sunrise Valley Drive, Suite 300 CITY/STATE/ZIP Reston VA 20191 CITY/STATE/ZIP Reston VA 20191 NAME DIR. Peter Hoene STREET STREET 11790 Sunrise Valley Drive, Suite 300 CITY/STATE/ZIP CITY/STATE/ZIP Reston VA 20191

To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

Sign here:

Collin Menkhus

Please print name and title of signer:

Collin Menkhus

/ AUTHORIZED PARTY

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REOUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED